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Tobacco Use

Goal

Reduce the burden of tobacco-related addiction, disease, and mortality, thereby improving the health and well being of adults and youth in Kentucky. This includes decreasing tobacco use among adults, pregnant women, youth, and disparate populations, eliminating exposure to secondhand smoke, and building capacity in communities for tobacco prevention and cessation.

Overview

Tobacco use is the number one public health threat in Kentucky. The state's adult and youth smoking rates, annual deaths related to smoking, and lung cancer death rates are among the highest in the country. Smoking accounts for approximately 30 percent of all cancer deaths, and 87 percent of lung cancer deaths. Smoking is known to cause an increased risk for cancers of the mouth, pharynx, larynx, esophagus, pancreas, cervix, kidney, and bladder. In addition, smoking is a major cause of heart disease, stroke, chronic bronchitis, and emphysema.

At current smoking rates, 87,902 Kentucky children who are 18 years or younger will die prematurely from smoking. According to the latest National Youth Tobacco Survey (YTS), 10 percent of middle school and 23 percent of high school students in the United States smoke cigarettes. Kentucky's youth far exceed the national average in current cigarette use. The Kentucky 2004 YTS revealed that 15 percent of middle school students surveyed and 28 percent of high school students surveyed smoke cigarettes.

Kentucky has the second highest percentage of pregnant smokers, 23.9 percent versus the national average of 11.4 percent. (Kentucky's figure is based on 2003 birth records.) This behavior places children of pregnant smokers at risk for low birth weight, Sudden Infant Death Syndrome (SIDS), respiratory problems, and various other health conditions.

In addition to the toll it takes in human lives lost, tobacco use also has substantial economic consequences for the Commonwealth. Health care costs attributable to smoking are estimated at \$1.2 billion annually, creating an extra tax burden for each household in the Commonwealth of \$567 in state and federal taxes. In addition to increased health care costs, it is estimated that Kentucky families experience a loss of an additional \$1.8 billion dollars in income from premature death of those who die of smoking related disease.

The Tobacco Prevention and Cessation Program provides leadership to achieve the four goals identified as best practice by the Centers for Disease Control and Prevention: preventing youth initiation, promoting quitting among adults and young people, eliminating exposure to secondhand smoke, and identifying and eliminating disparities among population groups disproportionately affected by tobacco use.

Funds are allocated to local health departments for evidence-based programs ranging from youth education programs to adult cessation. Local health department staff teach prevention education in schools, provide smoking cessation programs, conduct community assessments, offer technical assistance to schools and businesses, and develop coalitions to promote and provide community interventions related to tobacco use. Funds are maximized through collaboration with partners such as Regional Prevention Centers, Family Resource and Youth Services Centers (FRYSC's), Substance Abuse programs, the Kentucky Cancer Program, American Cancer Society, American Lung Association, and American Heart Association.

Summary of Progress

The *Healthy Kentuckians 2010 Mid-Decade Review* revealed that progress has been made in 24 of the 38 possible objectives or partial objectives. (Some objectives have multiple parts in which progress may have been made in one part but not the other.) Of those with progress, 21 percent have already reached the Healthy Kentuckians 2010 Target. Three objectives have been deleted due to absence of a data source with no prospective suitable data sources by 2006. Progress has not been made in eight objectives/partial objectives. One objective is using baseline data for the mid-decade status; therefore progress cannot be measured at this time. Finally, data is not expected until 2006 for one objective, causing it to remain in developmental status.

Progress toward Achieving Each HK 2010 Objective

| Summary of Objectives for Tobacco Use | Baseline | HK 2010 Target | Mid-Decade Status | Progress | Data Source |
|--|--------------------------------|----------------|-------------------|----------|------------------|
| 3.1. Reduce the proportion of adults (18 and older) who use tobacco products. | Cigarettes 30.8% (1998) | ≤25% | 27.5% (2004) | Yes | BRFSS |
| | Cigars 5.5% (1998) | ≤4% | 5.9% (2001) | No | |
| | Spit Tobacco 3% (1997) | ≤2% | 5% (2004) | No | |
| 3.2R. Increase to 58 percent the proportion of cigarette smokers ages 18 and older who smoke every day and stop smoking for a day or more. | 47.9% (1998) | ≥58% | 47.6% (2004) | No | BRFSS |
| 3.3. (DELETED) | | | | | |
| 3.4. Reduce cigarette smoking among pregnant women to a prevalence of no more than 17 percent. | 24.7% (1997) | ≤17% | 23.9% (2003) | Yes | Vital Statistics |
| 3.5R. (Developmental) Of new mothers who smoked in the first three months before becoming pregnant, increase the percentage who abstained from using tobacco during pregnancy. | TBD | TBD | TBD | TBD | Vital Statistics |
| 3.6. Reduce the proportion of young people who have smoked cigarettes within the past 30 days. | High School 37% (2000) | ≤27% | 28% (2004) | Yes | YTS |
| | Middle School 22% (2000) | ≤14% | 15% (2004) | Yes | |
| 3.7R. Reduce the proportion of high school youth who smoked a whole cigarette before age 13. | 32.5% (1997) | ≤22% | 29.4% (2003) | Yes | YRBSS |
| 3.8. Increase to 32 percent the proportion of young people in grades 9 to 12 who have never smoked. | 26% (2000) | ≥32% | 31% (2002) | Yes | YTS |
| 3.9R. Of the students in high school who smoke, increase to 62 percent the proportion who quit for at least a day or more. | 60% (2000) | ≥62% | 55.2% (2004) | No | YTS |

R = Revised objective

TBD = To be determined. No reliable data currently exist.

Progress toward Achieving Each HK 2010 Objective

| Summary of Objectives for Tobacco Use | Baseline | HK 2010 Target | Mid-Decade Status | Progress | Data Source |
|--|--|----------------|-------------------|----------|----------------------------|
| 3.10R. Reduce the proportion of high school and middle school students who think smoking cigarettes makes young people look cool or fit in. | High School 11.5% (2000) | ≤10.4% | 11.8% (2002) | No | YTS |
| | Middle School 16.5% (2000) | ≤11.1% | 12.1% (2002) | Yes | |
| 3.11R. Increase to 100 percent the proportion of high school students who think secondhand smoke is harmful. | 91.5% (2000) | 100% | 92.2% (2002) | Yes | YTS |
| 3.12. Increase the proportion of schools (middle and high) that provide research-based tobacco use prevention curricula. | 73.8% (2003) | ≥81.2% | 73.8% (2003) | N/A | School Policy Survey |
| 3.13R. Increase the proportion of stores that are compliant with youth tobacco access laws. | 86% (1998) | ≥96% | 95% (2004) | Yes | KY ABC |
| 3.14. (DELETED) | | | | | |
| 3.15R. Increase the proportion of schools with tobacco-free environments (both indoors and outdoors) for students and staff, and at all school events. | Indoor for everyone 98.7% (2001) | 100% | 99% (2003) | Yes | School Policy Survey |
| | School grounds for students 96.8% (2001) | 100% | 96.6% (2003) | No | |
| | School grounds for teachers and staff 44.7% (2001) | ≥49.2% | 41.7% (2003) | No | |
| | Indoor school-related events 95.5% (2001) | 100% | 92.7% (2003) | No | |
| | Outdoor school-related events 41.4% (2001) | ≥45.5% | 43.6% (2003) | Yes | |
| 3.16R. Increase to 50.3 percent the proportion of manufacturing worksites that prohibit smoking indoors. | 43% (2000) | ≥50.3% | 49.3% (2004) | Yes | Workplace Policy Survey |
| 3.17R. Increase to 51 percent the proportion of food service establishments that prohibit smoking. | 32% (1999) | ≥51% | 44.5% (2003) | Yes | Food Service Estab. Survey |
| 3.18. Increase to 95 percent the proportion of patients who receive advice to quit smoking from a health care provider. | 73.3% (2003) | ≥95% | 70.8% (2004) | No | BRFSS |

R = Revised objective. N/A = Only baseline data are available. Not able to determine progress at this time.

Progress toward Achieving Each HK 2010 Objective

| Summary of Objectives for Tobacco Use | Baseline | HK 2010 Target | Mid-Decade Status | Progress | Data Source |
|---|---------------------------|---------------------------------|-------------------|-----------------|-------------------------|
| 3.19. Increase the proportion of health plans that reimburse for nicotine addiction treatment. | Manufacturing: 26% (2000) | ≥29% | 36.9% (2004) | Target Achieved | Workplace Policy Survey |
| | LHDs: 7% (2000) | ≥8% | 23.7% (2004) | Target Achieved | |
| 3.20a. Increase the proportion of health departments that have a tobacco-user identification system for patients. | 83% (2000) | ≥91.3% | 94.6% (2004) | Target Achieved | LHD Survey |
| 3.20b. Increase the proportion of health departments that dedicate staff to provide research-based smoking cessation treatment. | 43.6% (2000) | ≥48% | 92.9% (2004) | Target Achieved | LHD Survey |
| 3.20cR. Increase to 100 percent the proportion of health departments that provide annual training on smoking cessation programs for health care providers. | 15.1% (2000) | 100% | 30.4% (2004) | Yes | LHD Survey |
| 3.20d. (DELETED) | | | | | |
| 3.20e. Increase to 48 percent manufacturing facilities that reimburse for smoking cessation services. | 26% (2000) | ≥48% | 26.3% (2004) | Yes | Workplace Policy Survey |
| 3.21R. Establish a comprehensive research-based tobacco control program in Kentucky, as characterized by the following: 1) The number of local health department (LHDs) that are funded for tobacco prevention and cessation. 2) The number of LHDs that offer Cooper Clayton Method to Stop Smoking Programs. 3) The number of full-time state-level tobacco control program staff. 4) The percentage of schools with research-based tobacco prevention curricula. | 1) 10 (1999) | 1) 56 | 1) 56 (2005) | Target Achieved | Plan/Budget Records |
| | 2) 21 (1999) | 2) 56 | 2) 52 (2004) | Yes | LHD Survey |
| | 3) 4 (1999) | 3) Staff to cover all CDC goals | 3) 5 (2005) | Yes | Personnel Records |
| | 4) 73% (2003) | 4) 100% | 4) 73% (2003) | N/A | School Policy Survey |
| 3.22R. Increase the proportion of localities that adopt ordinances and/or policies to restrict tobacco use. | 0 (2000) | ≥5 | 2 (2004) | Yes | Local Ordinance Data |

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